

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097889106

FILING DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2			1		1		
3			1		1		
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47			1		1		
48			1		1		
49			1		1		
50			1		1		
TOTAL IND.		1	0	1	0		0
TOTAL DEP.		49	0	26	0		0
TOTAL CLAIMS		50		27			
51							
52							
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99							
100							
TOTAL IND.			0		0		0
TOTAL DEP.			0		0		0
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY